Metropolitan Access Scholarship

Application Guidelines

TRIM REF: DOC20/9402-003

The Metropolitan Access Scholarship (MAS) program provides financial support to eligible NSW rural vocational, non-specialist doctors (SRMOs or trainees working in unaccredited training positions) and Rural Preferential Recruitment Program PGY1/2 trainees who are relocating to undertake metropolitan training.

Please complete this application form and ensure you have enclosed the information listed in the [checklist](#_Part_6:_).

Applications for the 2020/21 Financial Year will be offered in two rounds:

**1st Round: Open 21 September 2020 Close 20 November 2020**

**2nd Round: Open 15 February 2021 Close 16 April 2021**

Applications must be submitted to: [HETI-MAS@health.nsw.gov.au](mailto:HETI-MAS@health.nsw.gov.au).

**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Eligibility

Australian and New Zealand citizens or permanent residents of Australia.

NSW Health employees.

Relocating from your primary rural location to undertake metropolitan training terms in 2020/21 FY

Must attach a reference letter from your current supervisor/mentor at your primary rural location.

College-enrolled vocational trainee.

**or**

Non-specialist doctor (SRMO or Trainee working in an Unaccredited Training position).

**or**

Rural Preferential Recruitment Program PGY1/2 trainee.

Definitions

Rural

An applicant will be considered to be rural-based if they are based in one of the following LHDs:

* Far West LHD
* Hunter New England LHD (excluding the Newcastle & Lake Macquarie LGAs)
* Illawarra Shoalhaven LHD (excluding the Wollongong, Shellharbour & Kiama LGAs)
* Mid North Coast LHD
* Murrumbidgee LHD
* Nepean Blue Mountains LHD (excluding the Penrith, Hawkesbury & Blue Mountains LGAs)
* Northern NSW LHD
* Southern NSW LHD
* Western NSW LHD

Metropolitan

An applicant will be considered to be undertaking a metropolitan rotation if they are rotating to a site based in one of the following LHDs:

* Central Coast LHD
* Hunter New England LHD (Newcastle & Lake Macquarie LGAs only)
* Illawarra Shoalhaven LHD (Wollongong, Shellharbour & Kiama LGAs only)
* Nepean Blue Mountains LHD (Penrith, Hawkesbury & Blue Mountains LGAs only)
* Northern Sydney LHD
* South Eastern Sydney LHD
* South Western Sydney LHD
* Sydney LHD
* Western Sydney LHD

**If you are unsure of your eligibility, please contact** [**HETI-MAS@health.nsw.gov.au**](mailto:HETI-MAS@health.nsw.gov.au)

**before deciding not to apply.**

Metropolitan Access Scholarship Program

Application Form

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# Part 1: Personal and Payment Details

|  |  |  |
| --- | --- | --- |
| Family Name | | Other Name(s) |
| Click here to enter text. | | Click here to enter text. |
| Previous Family Name (if applicable) | | Title |
| Click here to enter text. | | Click here to enter text. |
| Date of Birth | | AHPRA Registration No. |
| Click here to enter text. | | Click here to enter text. |
| Address | | Suburb |
| Click here to enter text. | | Click here to enter text. |
| Postcode |
| Click here to enter text. |
| Mobile Phone | Email | |
| Click here to enter text. | Click here to enter text. | |
| Are you an Australian/NZ citizen or Australian Permanent Resident? | | |
| Yes | | No\* |
| * Note only Australian citizens and permanent residents are eligible to apply | | |

Account Details

|  |  |
| --- | --- |
| Bank Name | Branch |
| Click here to enter text. | Click here to enter text. |
| Account Name | |
| Click here to enter text. | |
| BSB (6 digits) | Account Number |
| Click here to enter text. | Click here to enter text. |

Please note that funds cannot be placed into credit card accounts.

Payment Terms and Conditions

The Health Education and Training Institute will rely on bank information supplied by applicants and is under no obligation to verify the above details.

The Health Education and Training Institute reserves the right to offset the amount of any over-payment made in error against any future debt or liability owing by the Health Education and Training Institute to you.

You agree to refund any funding to the Health Education and Training Institute for metropolitan terms that are not undertaken, and/or any payments credited to you in error.

You have read and understood the guidelines associated with this application as found on the Health Education and Training Institute website.

You will inform the Health Education and Training Institute if your metropolitan term changes.

You will participate in future evaluations of the application and administration process.

You understand that checks on the accuracy of information provided may be undertaken at any time. If your application is successful and you have been found to have supplied false or misleading information, you will no longer be entitled to the funding support and will be required to refund the money.

# Part 2: Undergraduate Training

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University Medical Training | | | | | |
| At which university did you complete your medical degree? | | | | | |
| Click here to enter text. | | | Campus: | Click here to enter text. | |
| As a medical student, did you undertake 12 months or more of your degree in a rural area? (excluding health electives/selectives)? | | | | | |
| Yes | No | If Yes, provide location: | | | Click here to enter text. |

# Part 3: Employment and Postgraduate Training

|  |  |
| --- | --- |
| Local Health District | Employee (Stafflink) No. |
| Click here to enter text. | Click here to enter text. |
| Facility/Hospital | If you are part time, please provide your full time equivalent status (eg 0.5 FTE) |
| Click here to enter text. | Click here to enter text. |

Metropolitan Rotation

|  |  |  |  |
| --- | --- | --- | --- |
| **Metropolitan** training details | | **Metropolitan** training details (if more than one term) | |
| Term Name | Click here to enter text. | Term Name | Click here to enter text. |
| Location | Click here to enter text. | Location | Click here to enter text. |
| Start Date | Click here to enter text. | Start Date | Click here to enter text. |
| Finish Date | Click here to enter text. | Finish Date | Click here to enter text. |
| What are the reasons for you to undertake vocational training in a metropolitan location? | | | |
| Click here to enter text. | | | |
| * Attach evidence of your metropolitan training, eg a letter from: * Director of Prevocational Education & Training; * Junior Medical Officer Manager; * Director of Training / Clinical Services; * Supervisor; or * Metropolitan LHD. | | | |

# Part 3A: Prevocational Training (PGY1/2)

All applicants to complete.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please complete below table outlining prevocational rotations completed to date or allocated. You can attach your Statement of Hospital Service or allocation letter instead. | | | | | |
| PGY1 | Term Name | Start Date | End Date | LHD | Facility |
| 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| PGY2 | Term Name | Start Date | End Date | LHD | Facility |
| 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Prevocational Network | | | Home Hospital | | |
| Click here to enter text. | | | Click here to enter text. | | |
| Local Health District | | |
| Click here to enter text. | | |

# Part 3B: PGY3+ training

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ( ) I am a Vocational College Trainee (please provide College and training program details)  **or**  ( ) I am an SRMO/Trainee in an Unaccredited Training position | | | | | |
| Year of training: | | | | | |
| Year | Position | | LHD | Facility/Facilities | Training Duration |
| 2020 | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2019 | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2018 | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2017 | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2016 | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2015 | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2014 | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2013 | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2012 | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| How have you been appointed to the **metropolitan training position** (select one option)? | | | | | |
| From within a network or College scheme. | | | | | |
| Directly recruited to the metropolitan post. | | | | | |
| Other. Provide details: | | Click here to enter text. | | | |
| * Attach evidence of your College membership/Registration. | | | | | |

# Part 4: Metropolitan Training Arrangements

|  |  |  |
| --- | --- | --- |
| What are your accommodation arrangements during your metropolitan training? | Will you maintain a rural property during your metropolitan training? | |
| Provided by the hospital (no charge) | Yes | No |
| Provided by the hospital (at a charge) | Please provide address and details: | |
| Private rented accommodation | Click here to enter text. | |
| Other (please specify) |
| Click here to enter text. |
| * Appendix 1: Accommodation Template completed by metropolitan training facility confirming accommodation arrangements provided to you as part of metropolitan rotation. | | |

# Part 5: Career Intentions

|  |
| --- |
| Please include details of your plans for future practice in rural NSW in your cover letter. |
| * Attach cover letter outlining your commitment to future rural practice in NSW and how this scholarship will assist/support your training. |
| * Attach a reference letter from your current supervisor/mentor at your primary rural location to support your application. |

# Part 6: Checklist and Declaration

ChecklisT

Cover letter outlining my commitment to future rural practice in NSW and how this scholarship will assist/support my metropolitan training.

Reference letter from my current supervisor/mentor at my primary rural location to support my application.

Evidence of my metropolitan training (eg letter from Director of Prevocational Training & Education, Director of Training / Clinical Service, JMO Manager or letter from metropolitan LHD).

Proof of College membership/registration (if applicable).

Accommodation template completed by metropolitan training facility advising accommodation arrangements (if any) provided to me as part of rotation (Appendix 1).

Declaration

I declare that the information I have provided is to the best of my knowledge true and accurate.

I am aware I am bound by the NSW Health Code of Conduct (PD2015\_035).

I understand that checks on the accuracy of this information may be undertaken at any time. If my application is successful and I have been found to have supplied false or misleading information, I will no longer be entitled to receive a scholarship and will be required to refund the money.

I agree with the terms and conditions in relation to payment details.

I enclose the documents listed in the checklist.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click here to enter text. | | |
| **Signature:** |  | **Date:** | Click here to enter text. |

# Appendix 1: Accommodation Template

*To be completed and signed by Metropolitan Hospital/Facility*.

|  |  |
| --- | --- |
| Trainee Name: | Click here to enter text. |
| Metropolitan Training Hospital/Facility | Click here to enter text. |
| Accommodation Arrangements  ***(please tick only one)*** | Provided by the hospital at no charge to trainee  Provided by the hospital at a charge to the trainee  No accommodation provided by the hospital |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | Click here to enter text. | | |
| Position: | | Click here to enter text. | | |
| (Director of Prevocational Training & Education, Director of Training, JMO Manager or equivalent from metropolitan hospital/facility) | | | | |
| Signature: |  | | Date: | Click here to enter text. |